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UTILITY	Atty Doc. No. <u>53725</u> Total Page <u>14</u>
PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER
TRANSMITTAL	Hartmut HIBST
	Express Mail Label No. _____

Application Elements

Address To: Assistant Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

1. / X / Fee transmittal Form  
(Submit an original, and a duplicate for fee processing)  
2. / X / Specification Total Pages /14 /  
(Preferred arrangement set for below)

6. / / Microfiche Computer Program (Appendix)  
7. / / Nucleotide and/or Amino Acid Sequence  
Submission  
(if applicable, all necessary)

Descriptive title of the Invention  
Cross References to Related Application  
Statement Regarding Fed. Sponsored R & D  
Reference to Microfiche Appendix  
Background of the Invention  
Brief Summary of the Invention  
Brief Description of the Drawings (if filed)  
Detailed Description  
Claim(s)  
Abstract of the Disclosure

- a. / / Computer Readable Copy  
b. / / Paper Copy (Identical to computer copy)  
c. / / Statement verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

3. / X / Drawing(s)(35 USC 113)(Figs.) Total Sheets / 3 /

desired

4. / X / Oath or Declaration Total Pages / 4 /

a. / X / Newly executed (original or copy)

b. / / Copy from a prior application (37 CFR 1.63(d)  
(For Continuation/Divisional with Box 17 completed)

Note Box 5 below:

i. / / DELETION OF INVENTOR(S)

Signed statement attached deleting  
inventor(s) named in the prior application  
see 37 CFR 1.63(d)(2) and 1.33(b).

5. / / Incorporation by reference (useable if Box 4b is checked)

The entire disclosure of the prior application, from which a  
copy of the oath or declaration is supplied under Box 4b  
is considered as being part of the disclosure of the accompanying  
application and is hereby incorporated by reference therein.

- Should be specifically itemized)  
14. / / Small Entity / / Statement filed in prior application  
Statements Status still proper and

15. / / Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

16. / / Other \_\_\_\_\_

17. If a Continuing Application, check appropriate box and supply the requisite information:

/ / Continuation / / Divisional / / Continuation-in part (CIP) of prior application No. \_\_\_\_\_

CORRESPONDENCE ADDRESS

/ / Customer Number or Bar code Label

Insert Customer No. or Attach bar code label here

or / / Correspondence address below

Name: Herbert B. Keil  
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The filing fee has been calculated as shown below:

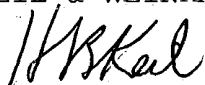
For:	Number Filed	Number Extra	SMALL/LARGE ENTITY	BASIC FEE \$375./\$750.
Basic Fee.....				\$ 750.
Total Claims:	11	-20 =	x \$09./\$18.	=
Indep. Claims:	1	-3 =	x \$42./\$84.	=
[ ] Multiple Dependent Claim(s) presented:			\$140./280	=
[x] A check is enclosed for the filing fee.				\$750.00

\*If the difference is less than zero, enter "0".

[X] A check for \$ 790. for the filing fee and recordation fee.

[X] The Commissioner is hereby authorized to charge any other fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,  
KEIL & WEINKAUF

  
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